

WEIWAIKUM FIRST NATION COMMUNITY DISTRIBUTION APPLICATION

**MEMBERSHIP INFORMATION (Legal Name that the payment would be under)
(EACH MEMBER 18 YEARS OF AGE AND OLDER MUST COMPLETE THIS FORM)**

BAND MEMBER PARENT OR GUARDIAN INFORMATION:

LEGAL FIRST NAME: _____ MIDDLE NAME: _____
LEGAL LAST NAME: _____ Status #: _____
STREET: _____ CITY: _____
POSTAL: _____ PHONE NUMBER: _____
EMAIL ADDRESS: _____

If applicant is applying for additional Weiwaikum First Nation members, please list their information below:

This may include band member minors 17 years of age and under living with band member parent or guardian.

Child's FULL NAME	Child's BIRTHDATE	Child's STATUS NUMBER

*If you apply for more than 4 additional Wei Wai Kum First Nation Members, please use a second application form.

Might there be another person applying for any of the listed children? Yes No

If so, Who? _____

Legal Custody Documents MUST BE provided to resolve any eligibility issues.

PAYMENT METHOD

To receive a distribution payment, what method would be best for you?

EFT or Cheque Please circle one

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____